

# ● PRINTER RUSH ●

## (PTO ASSISTANCE)

Application : 09/826310

Examiner : Arani

GAU : 2131

From: PAP

Location: (IDC) FMF FDC

Date: 12/13/05

Tracking #: EPM 09/826310

Week Date: 11/14/05

DOC CODE	DOC DATE	MISCELLANEOUS
<input type="checkbox"/> 1449	_____	<input type="checkbox"/> Continuing Data
<input type="checkbox"/> IDS	_____	<input type="checkbox"/> Foreign Priority
<input checked="" type="checkbox"/> CLM	<u>9/19/05</u>	<input type="checkbox"/> Document Legibility
<input checked="" type="checkbox"/> IIFW	<u>11/4/05</u>	<input type="checkbox"/> Fees
<input type="checkbox"/> SRFW	_____	<input type="checkbox"/> Other
<input type="checkbox"/> DRW	_____	
<input type="checkbox"/> OATH	_____	
<input type="checkbox"/> 312	_____	
<input type="checkbox"/> SPEC	_____	

[RUSH] MESSAGE: ① Renumbered claims 10, 11 (original claims 13, 14) depend on cancelled original claim 12.

② Renumbered claims 20, 21 (original claims 27, 28) depend on cancelled original claim 25.

③ Renumbered claims 31, 32 (original claims 41, 42) depend on cancelled original claim 39.

④ Renumbered claims 42, 43 (original claims 55, 56) depend on cancelled claim 53.

⑤ Renumbered claims 54, 55 (original claims 70, 71) depend on cancelled claim 68.

⑥ Renumbered claims 66, 67 (original claims 86, 87) depend on cancelled original claim 84.

Thank you.

[XRUSH] RESPONSE: \_\_\_\_\_

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**INITIALS:**

NOTE: This form will be included as part of the official USPTO record, with the Response document coded as XRUSH.

REV 10/04